

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN7301</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>09/10/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>RENAISSANCE TERRACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>257 PATTON LANE HARRIMAN, TN 37748</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	Initial Comments  During the annual Licensure survey and investigation of complaint #38781 conducted on 9/8/15 through 9/10/15, at Renaissance Terrace, no deficiencies were cited in relation to the complaint under 1200-08-06, Standards for Nursing Homes.	N 000	The Renaissance Terrace Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.		
N 161	1200-8-6-.01(61) Definitions  (61)Secured Unit. A facility or distinct part of a facility where residents are intentionally denied egress by any means.  This Rule is not met as evidenced by: Based on review of facility documentation, observations, and interview, the facility failed to ensure residents were not intentionally denied egress to other parts of the facility in 1 of 3 units.  The findings included:  Review of facility documentation dated 9/10/15 revealed "... facility does not meet the criteria for a 'Secure Unit'. The facility has a locked unit provided for certain resident's safety needs...Administrator..."  Observations on 9/8/15-9/9/15 on the Special Needs Unit revealed all doors entering and exiting the unit had keypad locks with no code posted.  Interview with the Administrator on 9/9/15 at 10:30 AM, in the Conference Room, revealed the facility had a locked unit, which met the definition of a "Secured Unit", but the facility had not called it a Secured Unit. Continued interview confirmed the facility had not implemented any policies and procedures for secured units and did not meet the rules and requirements for having a secured	N 161	<u><b>N161</b></u>  1. All residents currently residing on the center special needs unit will have been re-assessed by the interdisciplinary team including at least the Social Services Director, a physician and/or psychologist, and RN by 10/1/15. All residents who are on the special needs unit were found to be appropriately placed based upon the clinical and psychological needs.  2. All residents of the facility have the potential to be affected including residents who reside on the center special needs unit.  3. The staff assigned to work on the center special needs unit have been provided re-education by the Nurse Practice Educator. Re-education was based on CMS required training which was/will be conducted from 08/02/15 through 10/02/15, which deals with residents with dementia/Alzheimer's disease, their behavioral disturbances and how to divert, activity of daily		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5899

DGX811

If continuation sheet 1 of 2

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N 161	Continued From page 1 unit.	N 161	<p>living services required as resident conditions change, communications with resident and family, and risks for harm as related to the disease process with posttests completed to validate understanding. Staff not available during this timeframe will be provided re-education, including post-test upon return to work.</p> <p>Training will be provided annually for staff working the special needs unit. New admissions to the special needs unit will be reviewed for appropriateness of initial admission by the Social Services Director, an RN, a physician and/or psychologist, and a family member/advocate.</p> <p>Residents residing in the special needs unit will be reviewed quarterly for appropriate placement by the interdisciplinary team. New admissions meeting criteria will be screened for placement by the interdisciplinary team.</p> <p>4. A report will be made by the Director of Nurses and/or Social Services Director to the monthly Quality Improvement Committee for any additional follow up and/or inservicing needs including any new placements and/or discharges from the special needs unit and the criteria used to make the placement or discharge decision. The</p>	

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N 161	Continued From page 1 unit.	N 161	monthly Quality Improvement Committee consists of the Administrator, Director of Nursing, Medical Director, Maintenance Director, Pharmacist Consultant, Activities Director, Environmental Services Director, RN Nurse Educator, Nutritional Services Director, Dietician, Health Information Manager, and Business Office Manager.	10/07/15